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the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila  
District of Globe  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 1257  
Co. Register No. 158  
Local Registrar's No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

(No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
FULL NAME OF CHILD Raoul Horta } Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive NO

Sex of Child Male } and } Number in order of birth \_\_\_\_\_ } Legitimate? yes } Date of Birth 6-26 1914  
Twin, Triplet or other \_\_\_\_\_ } } } } } (Month) (Day) (Yr.)

FATHER  
Full Name Juan Horta  
Residence Miami  
Color or Race Mexican Age at last Birthday 24 (Years)  
Birthplace Mexico  
Occupation Miner

MOTHER  
Full Maiden Name Guadalupe Chico  
Residence Miami  
Color or Race Mexican Age at last Birthday 21 (Years)  
Birthplace Mexico  
Occupation House wife

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 6/26 1914, at 3<sup>00</sup>A M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. } (Signature) B. C. Snyder M.D.  
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
Address Miami, Ariz

Filed July 1 1914 B. E. Gray LOCAL REGISTRAR.  
Filed July 1 1914 A True Copy B. E. Gray M.D. COUNTY REGISTRAR.

981-626-736  
COUNTY REGISTRAR.